

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
404063260

Date Received:
01/20/2025

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

ECMC Operator Number: 95620
Name of Operator: WESTERN OPERATING COMPANY
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Reid, Marta</u>		<u>marta@westernoperating.com</u>
<u>JAMES STEVEN D</u>		<u>steve@westernoperating.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 690202489
Inspection Date: 01/12/2022 FIR Submit Date: 01/14/2022 FIR Status: _____

Inspected Operator Information:

Company Name: WESTERN OPERATING COMPANY Company Number: 95620
Address: 1165 DELAWARE STREET #200
City: DENVER State: CO Zip: 80204

LOCATION - Location ID: 324789

Location Name: WEAR-619S45W Number: 5NWSE County: KIOWA
Qtrqr: NWSE Sec: 5 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.431310 Longitude: -102.480170

FACILITY - API Number: 05-061-00 Facility ID: 212608

Facility Name: WEAR Number: 1
Qtrqr: NWSE Sec: 5 Twp: 19S Range: 45W Meridian: 6
Latitude: 38.431310 Longitude: -102.480170

CORRECTIVE ACTIONS:

1 CA# 159220

Corrective Action: Repair or install berms or other secondary containment devices per Rule 912.d.(1). Date: 02/04/2022

Response: CA COMPLETED Date of Completion: 02/04/2022

Operator Comment: Inspection 690202842 "The berm around the tank battery was repaired"

ECMC Decision: _____

ECMC
Representative:

2 CA# 159221

Corrective Action:

Date: 01/21/2022

Response: CA COMPLETED

Date of Completion: 01/21/2022

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

3 CA# 159222

Corrective Action:

Date: 01/21/2022

Response: CA COMPLETED

Date of Completion: 01/21/2022

Operator
Comment:

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Amber Barnett

Signed: _____

Title: Compliance Specialist

Date: 1/20/2025 1:31:36 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

404063260	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files